Department of Environmental Quality

Job Application Data

Please read BEFORE filling out application:

- 1. This application document is all-inclusive and does not require a signature.
- 2. Pay attention to all application requirements, including required materials.
- 3. Make sure all requested data is accurate and up-to-date.
- 4. DEQ accepts applications for CURRENT openings only.
- 5. You can apply for more than one current position opening. Just change the position title, position number, and location...then re-submit with new supplementals and transcripts.
- 6. Purposeful misrepresentation of information provided will result in immediate dismissal of application. If hired, purposeful misrepresentation of information could result in dismissal.
- 7. The position you're applying for may require the completion of APPLICATION SUPPLEMENT questions and an EMPLOYMENT PREFERENCE FORM (see forms below). Please complete at the end of the Montana State Application and submit with this application.
- 8. <u>Save your application to your desktop and then EMAIL MONTANA STATE APPLICATION</u>
 TO: jderosier@mt.gov

GOOD LUCK!

Application Supplement Tips:

- * Take your time!
- Understand the questions.
- * Answers should be thorough & concise but not wordy. Don't just try to fill up space.
- * Don't 'assume the reviewer 'instinctively' knows what you're talking about. Again, be thorough and concise.
- * Have someone review your work for grammar, sentence construction, and overall flow. Do your answers make sense?
- Make sure you turn your completed application package in on time. Do you have the correct address and deadline?
 Do you have all of the required materials?

Interview Tips

- * Be clear on the time of the interview. Arrive 10 to 15 minutes early.
- * Dress appropriately. When in doubt—go conservative.
- * Handshake—firm not 'fishy.'
- * Make eye contact with all interviewers throughout interview. Don't stare at one interviewer, the ceiling, wall, or table.
- * If you don't understand a question, ask for clarification.
- * Don't ramble. Be concise and thorough.
- * State government interviews are structured & systematic—don't let that 'unnerve' you. That's just the way it is.



STATE OF MONTANA EMPLOYMENT APPLICATION

State Use Only

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each** sheet write your name and the job title you are applying for. If you photocopy your application, leave sections 1, 2, and 3 blank and complete these sections each time you apply. You must sign and date each application you submit. **LATE, INCOMPLETE OR UNSIGNED applications will not be considered.**

PLEASE READ THE JOB VACANCY ANNOUNCEMENT CAREFULLY TO FIND: (a) what attachments must be submitted; (b) where to submit your application; (c) the required special qualifications or licenses; and (d) the closing date for receipt of applications (see: http://mt.gov/statejobs/statejobs/statejobs.asp). An application tailored to the position is to your advantage.

1. Name Last Mailing Address	First S Street or PO Box	Middle	ı	
Telephone Nun Email address	City nber Work	State Zip Co		
	are you applying for?	(See Job Vacancy Anno	ouncement)	
Division Position Title	:	Positi	ion Number	to.
Will you accept: Full-time Part-time Temporary Dates Available for Temporary to 3. The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment with the State of Montana or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me to the State of Montana or its agents and employees.				
		rom any liability or resp	onsibility for providing such informat	

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4. EDUCATION - High School Name:							
High School Address:							
Received Diploma or Equivalency Certificate	e? Yes	No If "No,"	enter highest	grade completed	l .		
College, University and Other Schools Name and Location	Dates Attended Month/Year	Degree/ Certificate Received	Degree/ Certificate Date	Major/ Minor Field	d	Credits Earned Indicate Qtr or Sem	
Training Courses	Dates	Did you	Title/Di			Total	
Name and Location	Attended Month/Year	Complete?	Title/Description of Course		Hours		
5. List current Professional Licenses, Regis	stration, or Ce	ertifications (engi	neering, med	ical, CPA, etc.)			
Licensing Agency Name and Location		Type of License		Endorsement/Restriction (if applicable)		Date Licensed	
List special skills such as word processing equipment that you know how to use. Ma organizations like Toastmasters.	g, operating a ay list skills fro	forklift, dump tru om volunteer wo	ıck or comput rk like Habitat	er programming. t for Humanity or f	Include from pro	a list of ofessional	

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7. EXPERIENCE: List your work and/or volunteer experience with emphasis on experience that is relevant to the position you are applying for. Begin with your present or most recent experience. Include military service that would help you qualify. List each promotion as a separate position. Use Additional Employment Experience forms (PD- 30) as necessary. This information must be completed even if you submit a resume.					
Name & Complete Address of Employer					
Your Job Title		Dates Employed / to /			
Type of Business		Month/Year Month/Year Avg. Hrs. Per Week Time Employed /			
Immediate Supervisor(s)	Phone No.	Full-time Part-time Volunteer			
Describe your duties in deta	ail (knowledge, skills, behavio	ors required, employees supervised, accomplishments)			
Reason for Leaving:					
Name & Complete Address of Employer					
Your Job Title		Dates Employed / to /			
Type of Business		Month/Year Month/Year			
Lucros dista Cura ornigo (a)	Dhana Na	Avg. Hrs. Per Week Time Employed / Years/Months			
Immediate Supervisor(s) Describe your duties in deta	Phone No.	Full-time Part-time Volunteer ors required, employees supervised, accomplishments)			
Describe your duties in dea	all (Kilowieuge, Skilis, Deliavic	ors required, employees supervised, accomplishing months			
		1			
1					

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7. EXPERIENCE Continued		
Name & Complete Address of Employer		
Your Job Title		Dates Employed / to /
Type of Business		Month/Year Month/Year
	.	Avg. Hrs. Per Week Time Employed / Years/Months
Immediate Supervisor(s)	Phone No.	iors required, employees supervised, accomplishments)
Reason for Leaving:		
	1	
Name & Complete Address of Employer		
Name & Complete Address of Employer Your Job Title		Dates Employed / to /
Address of Employer		Month/Year Month/Year
Address of Employer Your Job Title	Phone No.	Month/Year Month/Year Avg. Hrs. Per Week Time Employed / Years/Months
Address of Employer Your Job Title Type of Business Immediate Supervisor(s)		Month/Year Month/Year Avg. Hrs. Per Week Time Employed /
Your Job Title Type of Business Immediate Supervisor(s) Describe your duties in det		Month/Year Month/Year Avg. Hrs. Per Week Time Employed / Years/Months Full-time Part-time Volunteer
Address of Employer Your Job Title Type of Business Immediate Supervisor(s) Describe your duties in det Reason for Leaving:	ail (knowledge, skills, behav	Month/Year Month/Year Avg. Hrs. Per Week Time Employed / Years/Months Full-time Part-time Volunteer

PAGE 5 APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana to "make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed." This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The survey information will be kept confidential, used only for computerized statistical reports and other lawful uses. Analysis of the information will be used to monitor recruitment and selection practices in state government.

Because this sheet is separated from your application, please give of Montana has a Human Resource System that automates recru answer the following questions. Thank you for your cooperation. Have you applied for a State government job before? You are you a current or past State government employee? You	es No			
9. Name First Middle Last Mailing Address Email Home Phone No. Other Phone Numbers (such as business, cellular) – Indicate type Type Phone No. Type	City/State/Zip e of phone. Phone No.			
Job Applied For: Department Job Title				
Position No. Closing Date	Location			
	DEQ Phone Inquiry DEQ Written Inquiry DEQ Posted in Agency building DEQ Walk-In Another Referral Organization Posting State or Former State Employee Referral Other of 18. 12. FEMALE MALE			
14. RACE/ETHNIC IDENTIFICATION – PLEASE CHECK <u>ALL</u> THAT APPLY Are you of Hispanic or Latino origin? Yes No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)				
SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES: American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.) Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) Black or African American (A person having origins in any of the black racial groups of Africa.) Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.) White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)				
15. MILITARY STATUS – Please check the one box that best describes your military status. No Military Service Active Reserve Reserve Retired Vietnam Veteran Other Veteran				

16. DISABLED VETERAN

STATE OF MONTANA EMPLOYMENT AND BENEFIT INFORMATION

EQUAL EMPLOYMENT OPPORTUNITY - It is the policy of the State of Montana that state government is an equal employment opportunity employer; does not discriminate in employment based upon **race**, **color**, **national origin**, **age**, **physical or mental disability**, **marital status**, **religion**, **creed**, **sex**, **sexual orientation or political beliefs**; and implements and maintains an effective equal employment opportunity program.

APPLICATION AND SELECTION PROCESS – The process used to evaluate an applicant's qualifications may include an evaluation of the State of Montana Employment Application and supplemental responses if required, a performance test or work sample, a structured interview and reference or background checks. Applicants will be notified when screening has been completed.

BENEFITS - State employees working at least half-time are also provided paid health, dental, vision, and life insurance. Other benefits for eligible state employees include a credit union, a deferred compensation program, public employees' retirement program, 15 working days annual leave per year, 12 days sick leave per year, paid holidays, and up to 15 days military leave with full pay. Earned leave benefits may be used for maternity and parental (birth or adoption) leave and for immediate family illness care.

REASONABLE ACCOMMODATIONS - Under state and federal law, qualified applicants with disabilities are entitled to reasonable accommodations. Modifications or adjustments may be provided to assist applicants to compete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed. If an accommodation is needed to participate in any selection process, make arrangements well in advance of the process. A description of the selection process and the essential job duties is included in the vacancy announcement. TTY users may call the department TTY number if available or use the relay service by dialing 711.

EMPLOYMENT PREFERENCE - The Veteran's Public Employment Preference Act and the Persons with Disabilities Public Employment Preference Act provide preference in public employment for certain military veterans and people with disabilities or their eligible relatives. An applicant claiming employment preference must complete an Employment Preference Form, PD-25A, available through your local Montana Job Service the State of Montana Employment Information http://mt.gov/statejobs/statejobs.asp. You must also provide the appropriate documentation of eligibility with the application. The required documentation may include a DD-214; a document issued by the Office of the Adjutant General of the Montana National Guard certifying service; or a PHHS Certifications of Disability form. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services for details on obtaining persons with disabilities preference certification. For more information, contact your local Job Service Workforce Center.

IMMIGRATION REFORM AND CONTROL ACT- In accordance with the Immigration Reform and Control Act, the person selected must produce **within three days of hire,** documentation that he or she is authorized to work in the United States. Examples of such documentation include a birth certificate or social security card along with a driver's license or other picture I.D., a United States Passport, Certificate of Naturalization, a Permanent Resident Card, an Alien Registration Receipt Card (Green Card) or a Resident Alien Card.

MONTANA COMPLIANCE WITH MILITARY SELECTIVE SERVICE ACT - In accordance with the Montana Compliance with Military Selective Service Act, men selected for state government employment must produce documentation showing compliance with the federal Military Selective Service Act. Examples of this documentation include a registration card issued by Selective Service, a letter from Selective Service showing a man was not required to register, or information showing by a preponderance of evidence that a man's failure to register with Selective Service was not done knowingly or willfully.